JUN. 2.2003 4:31PM 8085866799

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First, Middle)

ADUJA, Melodie Williams

Senator, District 23

TERM OF OFFICE (Begin/End): 11-05-02 to 11-05-04

Check either number 1 or 2. If you check number 2, provide the relevant information.

1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING

2. X I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.
FOR EACH ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER,
SPOUSE AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for
dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any
deletions, and "C" for any other changes,

<u>F.SP.DC.JT</u> SP	A , D, C D	Kona Hawaiian Village Resorts Adventure Resorts 6 Waterfront Plaza 500 Ala Moana Blvd. Suite 200 Honolulu, HI 96813
F, SP, DC, JT	A.D.C	ITEM# 4
. F	D	Providian National Bank Visa Card P.O. Box 660026 Dallas, TX 75266-0026
F, SP, DC, JT	A, D, C	<u>ITEM # 4</u>
F	D	Stoebner Holdings Inc. dba Honda Windward 45-671 Kamehameha Hwy. Kaneohe, HI 96744
F, SP, DC, JT	A, D, C	ITEM# 4 ==
F	A	Investors Funding Corporation 345 Queen St., Ste. 605 Honolulu, HI 96813 (Original Amount owed: E) (Amount outstanding: E)

F. SP. DC. JT	A. D. C	ITEM#			7
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SP. DC. JT	A.D.C	ITEM #	-		
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CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawali State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS. If Information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Mode Williams adur SIGNATURE (Note: This filing is not valid without alsignature.)

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